

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM 460	
FILED	Date Stamp
Page <u>1</u> of <u>5</u>	
For Official Use Only	
SEE INSTRUCTIONS ON REVERSE	

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

<input checked="" type="checkbox"/> Officeholder, Candidate, Controlled Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="radio"/> State Candidate Election Committee	<input type="radio"/> Controlled
<input type="radio"/> Recall	<input type="radio"/> Sponsored (Also Complete Part 6)
<input type="checkbox"/> General Purpose Committee	
<input type="radio"/> Sponsored	<input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)
<input type="radio"/> Small Contributor Committee	
<input type="radio"/> Political Party/Central Committee	

2. Type of Statement: BY CITY CLERK

<input type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Termination Statement (Also file a Form 410 Termination)	<input type="checkbox"/> Supplemental Prelection Statement - Attach Form 495
<input type="checkbox"/> Amendment (Explain below)	

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	I.D. NUMBER	Treasurer(s)
Patino for Mayor 2016		NAME OF TREASURER Tom Martinez MAILING ADDRESS 2624 Air Park Dr. CITY Santa Maria, CA 93455 NAME OF ASSISTANT TREASURER, IF ANY Trent Benedetti MAILING ADDRESS 2151 S. College Dr., Ste. 101 CITY Santa Maria, CA 93455 OPTIONAL: FAX / E-MAIL ADDRESS tom@martinezassoc.net

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-30-2014 Date 1-30-2014
 By _____ Signature of Treasurer or Assistant Treasurer
 Executed on _____ Date _____
 By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 Executed on _____ Date _____
 By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent
 Executed on _____ Date _____
 By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in Ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Alice Patino

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
2624 Airpark Drive Santa Maria, CA 93455

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

CONTROLLED COMMITTEE?

YES NO

STREET ADDRESS (NO P.O. BOX)

ZIP CODE

AREA CODE/PHONE

NAME OF TREASURER

I.D. NUMBER

CONTROLLED COMMITTEE?

YES NO

STREET ADDRESS (NO P.O. BOX)

ZIP CODE

AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOTT NO. OR LETTER

JURISDICTION

SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Patino For Mayor 2016

CALIFORNIA FORM 460
Statement covers period from <u>07/01/2013</u> through <u>12/31/2013</u>
Page <u>3</u> of <u>5</u>
I.D. NUMBER <u>1342332</u>

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

1. Monetary Contributions	Schedule A, Line 3	\$ 0.00	\$ 322.00
2. Loans Received	Schedule B, Line 3	\$ 0.00	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 0.00	\$ 322.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 0.00	\$ 322.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 790.20	\$ 1,818.83
7. Loans Made	Schedule H, Line 3	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 790.20	\$ 1,818.83
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 790.20	\$ 1,818.83

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 2,765.88	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$ 0.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0.00	
15. Cash Payments	Column A, Line 8 above	\$ 790.20	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,975.68	

If this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00	
18. Cash Equivalents	See instructions on reverse	\$ 0.00	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0.00	

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Patino for Mayor 2016

SCHEDULE E	Statement covers period	CALIFORNIA FORM	460
	from <u>07/01/2013</u>	through <u>12/31/2013</u>	Page <u>4</u> of <u>5</u>
			I.D. NUMBER <u>1342332</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	Independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, Inc.	PRO			141.25
2151 S. College Dr Ste 101 Santa Maria, CA 93455				
Netfile	WEB		Software Renewal	284.00
2707-A Aurora Road Mariposa, CA 95338				
Rotary Club of Santa Maria	MTG			300.00
P.O. Box 351 Santa Maria, CA 93456				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$ 740.20
2. Unitemized payments made this period of under \$100\$ 50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)**TOTAL \$ 790.20**

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER		Page <u>5</u> of <u>5</u>																																				
Patino for Mayor 2016		I.D. NUMBER <u>1342332</u>																																				
through <u>12/7/2015</u>																																						
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.																																						
<p>CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings</p> <table border="0"> <tr> <td>MBR</td> <td>member communications</td> <td>RAD</td> <td>radio airtime and production costs</td> </tr> <tr> <td>MTG</td> <td>meetings and appearances</td> <td>RFD</td> <td>returned contributions</td> </tr> <tr> <td>OFC</td> <td>office expenses</td> <td>SAL</td> <td>campaign workers' salaries</td> </tr> <tr> <td>PET</td> <td>petition circulating</td> <td>TEL</td> <td>t.v. or cable airtime and production costs</td> </tr> <tr> <td>PHO</td> <td>phone banks</td> <td>TRC</td> <td>candidate travel, lodging, and meals</td> </tr> <tr> <td>POL</td> <td>polling and survey research</td> <td>TRS</td> <td>staff/spouse travel, lodging, and meals</td> </tr> <tr> <td>POS</td> <td>postage, delivery and messenger services</td> <td>TSF</td> <td>transfer between committees of the same candidate/sponsor</td> </tr> <tr> <td>PRO</td> <td>professional services (legal, accounting)</td> <td>VOT</td> <td>voter registration</td> </tr> <tr> <td>PRT</td> <td>print ads</td> <td>WEB</td> <td>information technology costs (internet, e-mail)</td> </tr> </table>			MBR	member communications	RAD	radio airtime and production costs	MTG	meetings and appearances	RFD	returned contributions	OFC	office expenses	SAL	campaign workers' salaries	PET	petition circulating	TEL	t.v. or cable airtime and production costs	PHO	phone banks	TRC	candidate travel, lodging, and meals	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor	PRO	professional services (legal, accounting)	VOT	voter registration	PRT	print ads	WEB	information technology costs (internet, e-mail)
MBR	member communications	RAD	radio airtime and production costs																																			
MTG	meetings and appearances	RFD	returned contributions																																			
OFC	office expenses	SAL	campaign workers' salaries																																			
PET	petition circulating	TEL	t.v. or cable airtime and production costs																																			
PHO	phone banks	TRC	candidate travel, lodging, and meals																																			
POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals																																			
POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor																																			
PRO	professional services (legal, accounting)	VOT	voter registration																																			
PRT	print ads	WEB	information technology costs (internet, e-mail)																																			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		AMOUNT PAID																																				
Benedetti & Associates, Inc.		14.95																																				
2151 S. College Dr Ste 101 Santa Maria, CA 93455																																						
SUBTOTAL \$																																						
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.																																						

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Farm 460 (January/05)
FPPC Toll-Free Helpline: 866ASK-FPPC (866/275-3772)